DOCUMENT RESUME

ED 432 856 EC 307 342

AUTHOR Forness, Steven R.; Ramey, Craig T.; Ramey, Sharon L.
TITLE Head Start Children with SED: Two Years Later.
PUB DATE 1998-00-00
NOTE 4p.; In: Chapter 6, "Prevention and Early Intervention Projects," of Proceedings of the Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base (10th, Tampa, FL, February 23-26, 1997).
AVAILABLE FROM Web site: http://rtckids.fmhi.usf.edu/proceed10th/10thindex.htm
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS At Risk Persons; *Behavior Disorders; *Disability Identification; Eligibility; *Emotional Disturbances; Followup Studies; Incidence; Mental Health Programs; Minority Group Children; *Multiple Disabilities; Preschool Education; Primary Education; Services; Special Education
IDENTIFIERS *Project Head Start

ABSTRACT

This study followed up a large national sample (N=4,161) of Head Start children in an attempt to identify children who are at risk for emotional or behavioral disorders and eligible for special education and to determine to what extent these children are actually identified in the natural progression of special education referral. Children were from 31 different Head Start sites across the nation and were followed through the completion of first grade. They were 29 percent African American, 12 percent Hispanic, and 16 percent other ethnic identities. Subjects received a test battery to identify those at risk for emotional disturbance (ED), learning disability, and mental retardation and school records were reviewed for school identification. Identification by either research diagnostic criteria or standard school processes were compared. In the ED category, 0.32 percent of students were identified as at risk for ED by research criteria and 0.95 percent identified by the schools with only about a 50 percent overlap. There was also a substantial overlap between disability categories for research criteria identification and school identification. Results suggest that children who have co-morbidity in which emotional disturbance or behavior disorder co-occurs with a learning or language problem are less likely to be identified in the ED category and may not receive needed mental health services. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
✓ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 432 856

Head Start Children with SED: Two Years Later

Introduction

Very few studies have examined the special education identification of Head Start children in the years immediately following their preschool experience. The speech and language impairment (SL) category is overwhelmingly the largest category of special education during the Head Start years, but very few children are identified in the other major categories of special education, including emotional disturbance (ED). Children with ED are generally considered to be underidentified in the early school years, and Head Start has not emphasized mental health issues to a significant degree until quite recently (Forness & Finn, 1993).

The present study is a follow-up of a large national sample of Head Start children in an attempt to identify children who are at risk for emotional or behavioral disorders that would be expected to be eligible for special education. We then wished to determine to what extent these children are actually identified in the natural progression of special education referral. Also identified were children at risk for learning disabilities (LD), mental retardation (MR) and speech or language impairments (SL). These children were selected for identification at the end of first grade, as part of a larger study (Head Start Bureau, 1996).

Method

Subjects were 7145 children in two cohorts identified at 31 different sites across the nation at the end of their Head Start year and followed to the completion of first grade. There were

Steven R. Forness, Ed.D
Professor of Psychiatry and Biobehavioral Sciences and Inpatient School Principal, UCLA Neuropsychiatric Hospital
760 Westwood Plaza
Los Angeles, CA 90024
310/825-0159

Craig T. Ramey, Ph.D
Sharon L. Ramey, Ph.D.
Professors of Psychiatry and Psychology and Co-directors
Civitan International Research Center
University of Alabama at Birmingham
Birmingham, Alabama 35294

EC 307342

BEST COPY AVAILABLE

29% African American, 12% Hispanic and 16% other ethnic identities. Screening measures included the *Peabody Picture Vocabulary Test-Revised* (Dunn & Dunn, 1981), 4 achievement subtests of the *Woodcock Johnson Psychoeducational Test Battery-Revised* (Woodcock & Johnson, 1989), and both teacher and parent forms of the *Social Skills Rating Scales* (Gresham & Elliott, 1990). These were administered to each child in kindergarten, and his/her parent or primary caretaker was interviewed as to presence of hyperactivity, mental health problems, or other disabilities. From these data, research diagnostic criteria (RDC) were developed to determine children at risk for ED as well as for LD, MR, and SL. These results were unknown to school personnel. Natural progression of special education identification in the schools was then obtained from a school records search in spring of first grade.

Findings

Attrition rate and missing data resulted in only 58% or 4161 subjects being available at the completion of their first grade year, but this attrition seemed to be randomly distributed, with just one or two exceptions. By the spring of first grade as shown in Table 1, the four categories of special education show very differing rates with Head Start RDC identification being greatest for LD and school identification (SI) for the other 3 categories. Identification by both means (RDC and SI) is greater, however, than the mean school identification rates for all school children *by this age* as taken from the annual report to Congress on IDEA. In the ED category, there were 0.32% identified as being at risk for ED by research criteria and 0.95% identified by the schools with only about a fifty percent overlap. Of the 6 children co-identified in both ED groups, only half of the RDC-identified subjects were in the school-identified ED category. Of those identified by the schools with ED, 19 of 22 came from the RDC categories of LD or SL.

Table 1
Percent of Children Meeting Research Criteria or Identified by First Grade in Major Categories of Special Education

Categories	Met Research Criteria	Identified by School	Identified in US
LD	12.65%	1.86%	0.27%
SL	2.41%	6.30%	0.09%
MR	0.26%	0.51%	0.11%
ED	0.32%	0.95%	0.05%

Discussion

The pattern of identification of emotional disturbance has some potentially interesting implications. The identification rate in both RDC and school-identified groups ranges from about a third to almost one percent. This is nonetheless about 6 to 20 times the rate identified concurrently in the schools by the same age, possibly reflective of the high need in any sample from a Head Start population. There has been serious concern about underidentification by schools in the ED category. Despite the limitations of this study and the fact that only a small handful of children (11 in the RDC and 39 in the school-identified categories) are involved, potential implications of co-identification between RDC and school-identified groups in the ED category may of particular interest. These results together lend some support to recent studies in which children with emotional or behavioral disorders tend to be initially identified in categories other than ED (Duncan, Forness & Hartsough, 1995; Lopez, Forness, MacMillan, Bocian & Gresham, 1996).

The point is that the number of children with emotional or behavioral disorders actually identified by the schools may be much higher than the current ED identification rate. The problem is that many

seem not to be identified in the *ED* category. Children who have comorbidity in which an emotional or behavioral disorder co-occurs with, or even underlies, a learning or language problem may not receive appropriate treatment or intervention for their mental health needs if the teacher views them as having only academic, cognitive, or language difficulties. Whether these children with emotional or behavioral disorders are actually well served in other categories is a significant but unanswered question. Data collected in second and third grades of this study will include a behavioral-rating scale that was not able to be used in the first two years, and further analyses of children who score high on this measure may provide useful information on this issue.

References

Dunn, L. M., & Dunn, L. (1981). *Peabody picture vocabulary test-revised.* Circle Pines, MN: American Guidance Service.

Duncan, B. B., Forness, S. R., & Hartsough, C. (1995). Students identified as seriously emotionally disturbed in day treatment classrooms: Cognitive, psychiatric and special education characteristics. *Behavioral Disorders, 20,* 221-237.

Forness, S. R., & Finn, D. (1993). Screening children in Head Start for emotional or behavioral disorders. *Monograph in Behavioral Disorders, 16,* 6-14.

Gresham, F. M., & Elliott, S. N. (1990). *Social skills rating system.* Circle Pines, MN: American Guidance Service.

Head Start Bureau (1996). *Head Start children's entry into public school: An interim report on the National Head Start Public-School Early Childhood Transition Demonstration Study.* Washington, DC: Administration on Children, Youth & Families, U.S. Department of Health and Human Services.

Lopez, M., Forness, S. R., MacMillan, D. L., Bocian, K., & Gresham, F. M. (1996). Early identification of children with emotional or behavioral disorders: Inappropriate placement in the learning disability category. *Education and Treatment of Children, 19,* 286-289.

Woodcock, R. W., & Johnson, M. B. (1989). *Woodcock Johnson psychoeducational test battery-revised.* Allen, TX: DLM Teaching Resources.